

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUES

A benefit contested case hearing was opened on March 27, 2008, and closed on April 16, 2008, to decide the following disputed issues:

1. Whether (health care provider) is not entitled to \$315.36 plus interest for services rendered on June 30, 2006?

PARTIES PRESENT

Carrier appeared and was represented by an (Attorney). The health care provider appeared and was represented by MK.

AGREEMENT

The parties reached an agreement. The agreement only resolves the issues to be decided at this hearing. The agreement does not resolve all issues regarding the claim and is not a settlement.

In this decision, this Agreement section constitutes the findings of facts and the Decision Section constitutes the conclusions of law.

The Hearing Officer found:

1. Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.

The parties agreed as follows:

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
3. On ____, Claimant was the employee of (Employer) when he sustained a compensable injury.
4. Under denial codes 62, W12 and W4, Carrier properly denied payment for services

rendered by (health care provider) on June 30, 2006 because of a discrepancy in facet level injections sites.

5. The payment of \$315.36 heretofore made by Carrier to (health care provider) for services rendered on June 30, 2006, is inclusive of any amount for interest.
6. All disputes between Carrier and (health care provider) for services rendered to Claimant by (health care provider) are hereby resolved.

DECISION

Under denial codes 62, W12 and W4, Carrier properly denied payment for services rendered by (health care provider) on June 30, 2006 because of a discrepancy in facet level injection sites. The payment of \$315.36 heretofore made by Carrier to (health care provider) for services rendered on June 30, 2006, is inclusive of any amount for interest. All disputes between Carrier and (health care provider) for services rendered to Claimant by (health care provider) are hereby resolved.

ORDER

Under the terms of the agreement between the parties, the health care provider has been paid in full; and Carrier is not liable to the health care provider for any additional payment for services rendered on June 30, 2006. Carrier's use of denial codes 62, W12, and W4 were proper denials for the services provided by the health care provider because of a discrepancy in facet level injection sites.

The true corporate name of the insurance carrier is **AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA** and the name and address of its registered agent for service of process is

**CT CORPORATION SYSTEM
350 NORTH ST. PAUL STREET
DALLAS, TEXAS 75201**

Signed this 16th day of April, 2008.

Charles T. Cole
Hearing Officer